

Election Assistance for Individuals with Disabilities (EAID)

EAID Grant Application

Please complete this form to apply for EAID grants.

Although funding is authorized from Title II, Subtitle D, Part 2, Section 261 of Help America Vote Act (HAVA), actual grants are provided by the Department of Health and Human Services.

EAID grants are awarded for the following four categories of activities:

1. making polling places, including the path of travel, entrances, exits, and voting areas of each polling facility, accessible to individuals with the full-range of disabilities (e.g., blindness or visual impairment, deafness or hearing impairment, mobility-related, dexterity-related, emotional or intellectual);
2. providing the same opportunity for access and participation (including privacy and independence) to individuals with the full-range of disabilities;
3. training election officials, poll workers, and election volunteers on how best to promote the access and participation of individuals with the full-range of disabilities in elections for Federal office and
4. providing individuals with the full range of disabilities with information about the accessibility of polling places.

Please submit all back-up documentation with the proposal.

Date:

County Name:

How many polling places does your county currently have?

Have your county polling places been surveyed by a professional for ADA compliance?

If yes, when?

If you need assistance in determining the compliance of your polling locations, please visit <http://www.usdoj.gov/crt/ada/votingchecklist.htm>.

If your county votes by mail ballot only, is there one accessible location for a person with disabilities? _____. If so, please use the below text box to list the name and address of the facility and describe what steps were taken to determine that the location is accessible for people with disabilities.

1. Briefly describe the grant proposal and how it relates to the four categories of activities authorized for EAID grants in the below text box. If applicable, please include the name and address of the polling location.

2. Please list the associated costs with the grant proposal and describe the steps that were taken to determine the costs.

3. How will this proposal improve elections for individuals with disabilities?

I certify to the best of my ability that the above is true and accurate.

Print Name:

Signature: _____

Phone Number: